

BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF LANCASTER COUNTY, NEBRASKA

IN THE MATTER OF SUPPORTING THE)
RECOMMENDATIONS OF THE REGION) RESOLUTION NO. R-13-0034
V SYSTEMS EVALUATION TEAM FOR)
THE TRANSITION OF COMMUNITY)
BEHAVIORAL HEALTH SERVICES FROM)
THE COMMUNITY MENTAL HEALTH)
CENTER)

WHEREAS, on March 28, 2013, Region V Systems and the Lancaster County Board of Commissioners ("the Board") released a Request for Proposals ("RFP") for entities interested in providing behavioral health services that are currently provided by the Lancaster County Community Mental Health Center ("CMHC"); and

WHEREAS, five applicants submitted responses/proposals and applied for one or all of four service categories; and

WHEREAS, an evaluation team comprised of qualified reviewers with a combination of financial, data, behavioral health programmatic, community, consumer involvement and governmental expertise reviewed the proposals; and

WHEREAS, on May 30, 2013, the recommendations of the evaluation team were presented to the Board; and

WHEREAS, the Board wishes to give its approval of and support to the recommendations of the evaluation team, as shown on "Attachment A", attached hereto and incorporated by this reference.

NOW, THEREFORE, BE IT RESOLVED by the Lancaster County Board of Commissioners that the Board hereby expresses its approval and support of the recommendations of the evaluation team, as shown on "Attachment A".

DATED this 4 day of June, 2013, at the County-City Building,
Lincoln, Lancaster County Nebraska.

BY THE BOARD OF COUNTY
COMMISSIONERS OF LANCASTER
COUNTY, NEBRASKA

APPROVED AS TO FORM
this 4 day of
June, 2013.

Richard Lybrow
for JOE KELLY
County Attorney

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Transition of Community Behavioral Health Services

from Lancaster County Community Mental Health Center – May 29, 2013

Region V Systems (RVS) and the Lancaster County Board of Commissioners (LCBC) released an RFP for entities interested in providing behavioral health services currently provided by the Lancaster County Community Mental Health Center (CMHC) on March 28, 2013. (RFP available on Region V Systems Website)

Five Applicants (Omni, CenterPointe, Premier Psychiatric, Lutheran Family Services and Blue Valley Behavioral Health) submitted a response and applied for one or all of four service categories. The service categories are as follows:

1. Core Services (consisting of the following service types: Community Support, Medication Management, Outpatient, and Day Treatment),
2. Day Rehabilitation
3. Psychiatric Residential Rehabilitation
4. 24 hour Crisis Line

All Applicants submitted an executive summary, a detailed transition narrative and work plan per service type, a qualitative narrative (addressing consumer involvement, recovery, primary care integration, evidenced-based practice / outcomes and performance improvement) and budgets.

An evaluation team comprised of qualified reviewers with a combination of financial, data, behavioral health programmatic, community, consumer involvement and governmental expertise reviewed the proposals in accordance with the criteria defined in the RFP, and in accordance with the most reasonable and advantageous transition plan, cost and transformative impact considerations (where applicable) for RVS. A consensus approach was used to evaluate the proposals which varied in timelines, approaches, experience and history of service provision, consumer involvement, performance improvement and budgets. Final consensus scores, evaluation tool and proposals will be made available following final determination by the Regional Governing Board (RGB). **Recommendations from the evaluation team to the Behavioral Health Advisory Committee (BHAC) and LCBC and the RGB are as follows:**

Note: All proposals exhibited strengths in many areas. Those identified below are a sampling and noteworthy in the respective service category applied for.

1. Core Services: Lutheran Family Services**Strengths:**

- Utilized consumer recommendations in writing the proposal
- History of peer support & engagement, strong application in provision of peer to peer service options, including peer mentors
- Co-location at current CMHC site
- Partnering with People's Health Center and history of primary care integration relationships with 2 other FQHC's – FQHC look alike
- Detailed transition plan inclusive of current CMHC staff
- Detailed timelines in transition plan
- History in the provision of services with exception of day treatment

- National connections with trauma-informed care
- Committing LFS funds to transition
- Hire a CMHC program administrator
- eprescribe
- Consistent with required staffing per service type per service definition
- Advisory committee includes consumers
- Consumers will be on a Quality Council
- Detailed evidenced based practices identified and data systems to measure outcomes
- Outcomes and measures identified
- Thoroughness in response to all sections

2. Day Rehabilitation: CenterPointe

Strengths:

- Prior history in the provision of Day Rehabilitation services
- Provision of all Day Rehabilitation services at current MidTown location
- Evidenced-Based WRAP and use of peer support in the provision of the Day Rehabilitation curriculum as well as identification of tools to measure fidelity and outcomes
- Addressed consumer transportation issues well
- Good communication plan
- Strong recovery culture
- Clear transition plan for DR services
- Consumer advisory group established per service type
- Focus on integration and primary care / health outcomes

3. Psychiatric Residential Rehabilitation: Omni

Strengths:

- Retention of current management structure
- Strong recovery orientation
- Detailed timeline for transition
- Evidenced-based practice information system platform to support service delivery and outcomes measurement for service type and population
- Identified EBP specific to target population
- Retain relationship with OUR Homes
- Relationship with UNL-Department of Psychiatry, including psych externs
- Experience with resources and population
- Proposal was data driven

4. 24 hour Crisis Line: CenterPointe

Strengths:

- History of prior 24 hour crisis line service provision
- Access to residential staff to ensure 24/7 response
- Held focus groups led by Board members
- Consumer advisory group per service area to be established